

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: <u>A1099</u>	Type of Application: <u>LICENSE, CERTIFICATION, PERMIT</u>
Code assigned by DOJ	
Job Title or Type of License, Certification or Permit: <u>STRUCTURAL PEST CONTROL</u>	

Agency Address Set Contributing Agency:			
<u>DCA/STRUCTURAL PEST CONTROL BOARD</u>			<u>06058</u>
Agency authorized to receive criminal history information			Mail Code (five digit code assigned by DOJ)
<u>1418 HOWE AVENUE, SUITE 18</u>			<u>STEVE THOMASON/SUSAN SAYLOR</u>
Street No. Street or P.O. Box			Contact Name (Mandatory for all school submissions)
<u>SACRAMENTO</u>	<u>CA</u>	<u>95825</u>	<u>(916) 561-8704</u>
City	State	Zip Code	Contact Telephone No.

Name of Applicant: _____			
(please print) Last First MI			
Alias: _____		Driver's License No. _____	
Last First			
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL-</b> <u>APPLICANT MUST PAY</u>	
		Agency Billing Number (if applicable)	
Height: _____	Weight: _____	Misc. No: _____	
Eye Color: _____	Hair Color: _____	Home Address: _____	
		Street or P.O. Box	
Place of Birth: _____		_____	
		City, State and Zip Code	
SOC: _____			

Your Number: _____	Level of Service	<input checked="" type="checkbox"/> DOJ	<input checked="" type="checkbox"/> FBI
OCA No. (Agency Identifying No.)			
If resubmission, list Original ATI No. _____			

Employer: (Additional response for agencies specified by statute)			
Employer Name _____			
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)	
		( )	
City	State	Zip Code	Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____		Date: _____
Name of Operator		
Transmitting Agency	ATI No.	Amount Collected/Billed

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SACRAMENTO CA 95825

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